REMARKS/ARGUMENTS

Claims 1-11, 14, and 17-21 were examined. The claims have been amended as noted above. Reexamination and reconsideration of the claims, as amended, are respectfully requested.

All examined claims were rejected as being anticipated by or obvious over the Zucker '454 publication. Such rejections are traversed in part and overcome in part.

The Examiner asserts that Zucker discloses each and every element of independent claim 1, as well as various of the dependent claims herein. Applicants respectfully disagree. For instance, claim 1 of the present application requires that the tubular compression member be "located within the tissue tract at a predetermined distance proximal from the wall of the blood vessel" and that the expansible tissue compression element "apply pressure against subcutaneous tissue to promote hemostasis." Zucker clearly does not disclose such method steps. As the intent is to seal the wall penetration to prevent bleeding, it is essential to closely approximate the balloon over the wall around the penetration. Referring to Fig. 3J, Zucker explicitly teaches engaging the peripheral balloon 150 directly against the exterior of the blood vessel wall, not spaced by predetermined distance from the wall as required by the claims herein. Moreover, the peripheral balloon 150 of Zucker does exactly what its name would imply, i.e., it defines a peripheral constraint around a hemostasis region 360 in which blood stagnates and coagulates to provide a seal over the blood vessel wall penetration. The peripheral balloon 150 of Zucker would be incapable of compressing the tissue above the vessel wall penetration to promote hemostasis as required by claim 1, even prior to amendment.

Nonetheless, in order to expedite prosecution of the present application, Applicants have amended claim 1 to clarify that the tubular compression member which is located at a predetermined distance proximal from the wall of the blood vessel defines "a tissue compression region." Additionally, expanding the tissue compression element within the tissue tract applies pressure to the subcutaneous tissue in order "to compress said tissue over the puncture site in the blood vessel wall to promote hemostasis." These method steps are illustrated, for example, in Figs. 8E and 8F of the present application where the compression

member (balloon) 80 is inflated over but spaced apart from the vessel wall 102 to define tissue compression region 107. The balloon compresses and closes the tissue over the vessel wall penetration, as shown in Fig. 8F, thus promoting hemostasis. Zucker, in contrast, as shown in Fig. 3J, inflates the peripheral balloon 150 only around the enlarged penetration. No tissue is compressed over the penetration and instead blood coagulates in a stagnant blood region created by the balloon.

For these reasons, Applicants believe that independent claim 1 clearly distinguishes the teachings of Zucker, particularly after the amendments just discussed. Thus, it is believed that independent claim 1, as well as all remaining claims dependent thereon, are in condition for allowance.

CONCLUSION

In view of the foregoing, Applicant believes all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

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